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THE CLINICAL PSYCHOLOGIST EVALUATES APHASIA REHABILITATION

STEPHEN L. FINK*
Highland View Hospital

FROM the psychologists' point of view, aphasia may be looked upon as a disturbance in the normal areas of communication. As such, it prevents the disturbed individual from relating himself to others, and to his world in general, in ways most normal to him. It is doubtless a frightening experience, since one's entire life is, for the most part, centered around the development of interpersonal relationships, as well as around the expression of one's personality through verbalization. Since verbalization is a basic area of man's existence, an area which divides him most sharply from other forms of animal life, the loss of verbalization is much more than a loss of just one kind of behavior; it represents a threat to the very foundations of personal existence. It should be kept in mind that the evaluation and treatment of speech disorders, especially in the case of matured adults, represents a total process affecting not just speech per se, but the overall adjustment of the individual to his world. The purpose of the present paper is to integrate the philosophy of the so-called "team approach" with the psychologist's conception of aphasia, to discuss the value of the team approach in this connection, and to suggest what might be called a guiding philosophy in the use of such an approach.

THE TEAM APPROACH

Howard Rusk (1) has pointed out that fundamental to the solution of the complex problems of the disabled individual is the team approach in which the various disciplines—medicine, psychology, sociology, and economics are brought together through the medium of the physician, nurse, physical therapist, occupational therapist, speech pathologist, psychologist, social worker, vocational counselor, prosthetic specialist, recreation leader and others to focus on the individual as a whole in terms of his total environment and his total problems. Rusk's statement reflects the degree of specialization which has developed in medical settings devoted to the care and rehabilitation of the physically disabled. Such specialization is, of course, a natural consequence of the advancement in our knowledge about the functioning of the human organism, and it is certainly a desirable thing as long as it leads to improvement in our treatment programs. One could hardly argue with the assertion that the success or failure of rehabilitation is contin-

gent upon the efficient cooperation of the specialists who constitute the team.

Within the context of focus of this paper, we may look upon the team as a group of individuals each of whom is specially trained to understand a given area of human functioning (physiological, mental, social, verbal, occupational, physical, etc.) and, thereby, trained to evaluate a person's ability to relate himself to people and things in his environment. Since every aspect of an individual's behavior may be viewed in terms of his personality, every team member, whether he realizes it or not, is an evaluator of some aspect of a patient's personality. In other words, the members of the rehabilitation team are collectively involved in the assessment of the various modes of expression, communication and activity which constitute the human individual. Each specialist has his own particular way of relating to a patient depending upon his area of training. The physical therapist relates to the patient through activities involving manipulation of the body; the occupational therapist makes use of various objects in dealing with the patient; the psychologist uses specially developed tests; the social worker relates on an almost exclusively verbal level; the speech pathologist relates to the patient through special verbal and nonverbal methods; and the physician employs a variety of techniques as part of his medical diagnostic and treatment procedures.

There is little question as to the potential strengths of the team approach, since it certainly does provide for the efficient evaluation and treatment of a patient from many important angles. But there are several weaknesses tucked away beneath this cloak of efficiency, three of which will be discussed.

WEAKNESSES IN THE TEAM APPROACH

One serious danger which lurks within specialization is the tendency to break the individual up into a number of component parts without putting him back together again and viewing him as a whole person. We see this weakness reflected in a tendency on the part of the team members to focus upon their specific techniques of evaluation rather than upon the patient. It becomes so important to obtain certain clinical or laboratory measures "routinely" that we even forget why we wish to obtain them in the first place; sometimes a particular question can be answered without using the technique, but we have become so technique-oriented that we begin to feel terribly uneasy until it has been applied. In terms of the author's own field, an example is the psychologist who administers an intelligence test to a graduate engineer in order to determine the client's general level of intelligence.

*Stephen L. Fink, Ph.D., is Chief Psychologist at Highland View Hospital, Cleveland, Ohio.

This is a revised form of a paper presented at the 1959 convention of the American Speech and Hearing Association, November 12, 1959.

Unless there are certain qualitative features one wishes to examine, the administration of an elaborate test in order to answer a question which is answerable without the test represents wasted time on the part of both the patient and the psychologist. No doubt one can find numerous examples of this kind, where an individual finds himself administering certain tests in a routine fashion and often with the purpose of filling in the blank spaces of the various record forms contained in the patient's folder. Sometimes an orientation to technique reaches the point where we become more concerned about efficient team operation than about good treatment of the patient. The writer has attended staff conferences where the team members felt some satisfaction over the fact that the conference was completed more quickly than usual and, by that token, was better than usual (since the same number of patients were covered in less time, a sign of efficient operation). It is the kind of efficient operation one finds on an industrial assembly line. In this connection, Beatrice Wright (4) said: "Certain kinds of team relations that parade under the guise of a multi-disciplinary approach emphasize the fact that rehabilitation requires genuine integration of services. All too often the patient's 'case history' grows fat with reports from several disciplines, each placed behind the other, but the record is never considered as a whole by those who work with the client. Such assembly line treatment cannot bring the rehabilitation process to its highest potential of meeting the needs of the client in all his interrelated purposes and functions."

The second danger lies in the tendency to carry the team approach to the absurd extreme where it is felt necessary to involve every discipline in the treatment of every case. Granted, total evaluation often requires the integrated actions of the majority of the team members, since we wish to know the patient's potential in all areas of rehabilitation. But a point is sooner or later reached in the program of a given patient where the patient's individual problems dictate the special emphasis treatment should take; and any tendency to continue arbitrarily an "overall program" can interfere with the best treatment of the patient. Most of us are probably familiar with cases in which a patient was referred for treatment in a given area and we could determine no definite reason why such treatment was called for. Often it is to satisfy someone's need to feel that a total treatment program is being employed with all patients (whether they need it or not). Morton Seidenfeld (2), Chief Psychologist at the National Foundation, points up this danger in the following statements:

"In a recent conversation, a prominent orthopedist told the author that from the time of admission until a patient had completed all the prescribed operative procedures, the necessary convalescence and final recovery, approximately fifty-seven separate individuals dealt with his problems. A goodly number,

to be sure, and yet how many of these people represented useless duplication of effort? How many spent so little time with the patient that they knew him only as a number or as a diagnosis? No one knows the answer to these questions, but it is reasonably safe to assume that only a relatively small number of all these people would know the patient if they met him face to face.

"The point here is that it would be better to conserve this personnel to deal with other patients and allow a fewer number to become well enough acquainted with the patient to see him as a human being trying to recover from a disease or the effects of an accident. How can we hope to orient a platoon of separate individuals about the patient as an individual? The very existing process is designed to be impersonal, far removed and distant from the patient's difficulties. Small wonder that the patient becomes confused, uncertain, and loses confidence in the interest of anyone in his recovery."

The third weakness follows naturally from the second. It is the danger that the team approach may dilute personal contact with the patient where such contact is crucial to successful treatment of the patient. Whatever else we are as rehabilitation workers, we are still people working with and relating to other people. The extent to which we attempt to operate like impersonal machines is the extent to which we lose the opportunity to positively affect others with the strengths of our own personalities. That we do have a very real and lasting effect upon patients by virtue of our personal contacts with them is not just conjecture. This fact was clearly demonstrated in a study undertaken at Highland View Hospital by Franklin Shontz, Chief Psychologist, and the author, in which it was found that patients tend to adopt many of the attitudes and values of their therapists and this tendency is positively related to the degree of success in rehabilitation (3).

COMMUNICATION PROBLEM

Now let us return to the special problem of the aphasic, which is, of course the problem of verbal communication. Considering the importance of speech in everyday life, it seems reasonable to suggest that in the treatment of the aphasic, the crucial relationship may lie within the confines of the speech therapy room and, therefore, the success of treatment may depend heavily upon a close working relationship between speech pathologist and patient. This relationship may take precedence over all other aspects of treatment until such time that the the extent of the speech difficulty becomes secondary to problems in other areas of functioning. Until this time, however, anything which dissipates the development of the relationship acts to the detriment of the patient. And it should be the obligation and the right of the speech pathologist to assume maximum freedom to determine the nature and extent of therapy where

such therapy is called for. He must not be an "applier" of routine techniques. It is the speech pathologist who has earned the obligation and right by virtue of his professional training. It is crucial that the speech pathologist actively enter into a close working relationship with his patient, but to do so on a sound basis he must be able to feel free to make decisions for himself, and must not feel totally dependent upon someone "higher up in the team" for all these decisions. The speech pathologist is generally placed in the unique position, with respect to the aphasic, of having to deal with an area of functioning which affects so many aspects of the person's life that the success or failure of the total treatment program may hinge upon the success or failure in finding ways for the patient to overcome or to compensate for his loss of communicative ability. To do so requires that the therapist "get through" to the patient and earn his trust; which, in turn, requires the close relationship referred to earlier.

The guiding philosophy suggested here is essentially an extension of the above points. Where any single specialty may hold the key to successful rehabilitation, it behooves the team and its leader to extend to that specialty the prerogative to apply itself as its training and knowledge dictate. It is the best team leader, whatever his professional affiliation, who respects, not just verbally, but in action, the unique contributions of his team members. It must always be kept in mind that each patient may experience impairment and may require treatment more in one area of specialization than in another. Therefore, the team must apply rehabilitation with varying emphasis upon the different areas as the varying degrees of impairment may require.

In closing, the writer would like to mention briefly an issue which seems to underlie those already discussed. The concept of teamwork necessarily implies the development of interpersonal relationships among persons of varying professions; and how well the team functions depends directly upon how well its members get along. Often the impediments of satisfactory team functioning are not so much interprofessional as they are interpersonal, but the former differences may easily become the scapegoat of the

latter. Such a case exists when a member of a given profession seeks authority status or immunity from criticism by means of what might be called "degree-flaunting," which, in turn, finds reinforcement in a relationship with a member of another profession who feels uncertain of his own status and is seeking a *raison d'être*. The situation may become further complicated by a third individual who perceives his own profession to be in competition with that of the second person. The resolution of problems of this order is all too often sought in the definition or redefinition of professional roles, in drawing boundary lines or rules governing the "rightful" areas of each profession. Although some definition of limits may be necessary, it is a mistake to expect interpersonal differences to be resolved through interprofessional rules or order. Basically the solution lies in the development of mutual respect on the part of the team members for the relative competence of one another's abilities within his own sphere, as well as a willingness to acknowledge and accept the opinions of others, whether or not they conflict with one's own. This is not to say that rivalries and status problems do not exist as a general occurrence, but the point here is that the interpersonal conflicts should not simply be written off as beyond the scope of the persons involved. Mutually respectful relationships may cut across and cancel out the general differences that exist between the professions. The rehabilitation team is dedicated to the welfare of the patient; the patient must not be made to suffer the consequences of interprofessional difficulties that may be avoided through interpersonal communication.

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THE SPEECH PROBLEMS OF FOREIGN STUDENTS LEARNING ENGLISH: A Survey of the Literature

WILLIAM F. MARQUARDT*

Northwestern University, Evanston, Illinois

SURVEYING all the literature dealing with the speech problems of foreign students learning English is a Herculean task. In order to do the job properly it would be necessary to go through (a) a growing number of new and vigorous publications devoted to the teaching of English as a second language throughout the world, e.g., (11, 13, 14, 28, 32, 36); (b) a number of key linguistic journals, e.g., (27, 30, 35, 46); (c) a number of key speech journals, e.g., (1, 23, 42); (d) the regular journals for teachers of English, e.g., (6, 7, 12); (e) special bibliographies in the field of English as a second language, e.g., (2, 16, 24) and the annual bibliographies on language teaching methodology and linguistics in the *Modern Language Journal* and *PMLA*; (f) the publishers' mailing lists for the flood of books on applied phonetics, language teaching, communications theory, and the experiences of foreign students in the U. S., and finally (g) collections of abstracts of research, e.g., (9, 10), under various relevant headings and special lists of Masters' and Doctors' theses done in such centers as John Black's Department of Speech and Hearing Science at Ohio State University.

It would not be fair to imply that all the materials listed above have been examined exhaustively. It is not possible to get around to everything. The alternative to systematic examination, careful analysis, and classification of all available data is random sampling. It is to be hoped that no important areas related to the topic have been overlooked.

SOME MAJOR PROBLEMS IDENTIFIED

After going through the kinds of materials described, what kinds of information or insights does one get that will help in dealing with the speech problems of foreigners learning English and what prospect does one see of new insights emerging in the future? Here are a few categories of relevant information and problems that one can get an understanding of:

1. The nature of language as revealed in the research and writings of the descriptive linguist.
2. The principles of language learning as revealed in the research and writings of psychologists, and psycholinguists and speech and language teachers.
3. The sound system of American English and the elements of it that need to be mastered for the accurate production and understanding of American English speech and the resistance

the sound system of the native language of the learner offers to the mastery of it.

4. The techniques and materials being developed for the teaching of audio-lingual proficiency in English.

5. The techniques for testing audio-lingual proficiency, achievement, and aptitude with regard to American English.

6. The psychological obstacles to audio-lingual mastery of American English.

7. The influence of the culture system of the learner upon his gaining audio-lingual mastery of American English.

8. The geographical and political ramifications of the problems of many foreigners speaking English.

9. The relationship between audio-lingual competency in English and the learner's realizing his goals in an English-speaking community.

10. The questions that must be answered before progress can be made in understanding more fully the speech problems of the foreigner learning English.

Having suggested some of the main categories of information that have a bearing on the speech problems of foreigners learning English we will devote the rest of the space to flushing them out.

NATURE OF THE LANGUAGE

For references regarding the first of the categories mentioned—understanding of the nature of language as a theoretical basis for understanding the speech problems of a foreigner learning English—any of a number of good recent textbooks by descriptive linguists will do. The four most widely used in basic courses in linguistics which are given as background for the training of language teachers are Harold A. Gleason's (19), Charles F. Hockett's (21), W. Nelson Francis's (15), and Archibald A. Hill's (20).

In these books are set forth the basic postulates of descriptive linguists that have relevancy for the second-language learner—that the spoken language is basic to or has primacy over other forms of communication; that each language has a unique structure system, that the units of structure are finite in number and are largely mastered by the native speaker by the time he is six; that the smallest units of structure (the phonemes) contrast with one another, signalling differences in meaning through formal distinctions and combine into larger patterns of structure on ascending levels of meaning.

PRINCIPLES OF LANGUAGE LEARNING

For the understanding of the principles of language learning (category 2) whether of the mother tongue or a second language we can turn to Charles E. Osgood and Thomas A. Sebeck (39), Nelson Brooks (4) and B. F. Skinner (43), and a number of works dealing with bilingualism such as those of Werner F. Leopold (29) and Uriel Weinreich (45). What we learn from these works is that the native language is a behavior system, that the learning of each of a wide variety of habits that comprise this system is rein-

*WILLIAM F. MARQUARDT, Ph.D., Northwestern University, 1949, is Associate Professor of English and Coordinator of Programs in Teaching English as a Second Language, New York University. This article is based on a paper presented at the 1960 convention of the American Speech and Hearing Association in Los Angeles.

forced by built-in rewards, that the learning of the second language has fewer built-in rewards and is even interfered with by the established habit patterns of the native language.

PROBLEMS OF MASTERING THE SOUND SYSTEM

For understanding of the elements of the sound system of American English that need to be mastered by the foreign learner, of the extent and kind of resistance likely to be offered by the native language of the learner, and of the techniques and materials being developed for teaching him effective production and comprehension of American speech (categories 3 and 4 on the list), we turn to such works as Charles F. Fries (17) which illustrates how contrastive analysis of the sound and syntax system of English and Spanish paves the way for the preparation of teaching materials in which predictable points of difficulty due to difference in structure of the native language are given greater attention than those points in which no difficulty is predicted.

The contrastive analyses between the commonly studied Western European languages and English being carried on at the Center for Applied Linguistics, between English and Tagalog at UCLA under the direction of Robert Stockwell, and between English and a number of other languages listed in Robert Lado (26) and in a special bibliography prepared for the Center for Applied Linguistics by William W. Gage (18) suggest that the ground is being prepared for a scientific attack on the speech problems of learners from a wide variety of language backgrounds. The preparation of a series of model texts under the aegis of the American Council of Learned Societies for the teaching of English to Koreans, Turks, Latin Americans and other language groups and the appearance of pronunciation manuals for learners of American English of specific language background in this country by Clifford Prator, George Meyer and others reveal that both theoretical and practical considerations are operating in the preparation of materials for the teaching of proficiency in speech to learners of English.

PROBLEMS OF TESTING

Along with the increase in effectiveness in teaching materials, the requirement of the times has been for greater knowledge of the capacities and performance of the learner. The increasing involvement of the U. S. government, universities, and private institutions in intensive English and orientation programs for key persons from abroad who urgently need technical and other kinds of training makes reliable testing an imperative need. Until recently the main emphasis has been on the testing of the proficiency of learners of English as a second language, with the English Language Institute of the University of Michigan taking the lead in this area. The most widely used English proficiency tests made no attempt to measure audio-lingual proficiency, though it is claimed that the Lado

pencil-and-paper test of the examinee's ability to discriminate between differing and similar sounds in the pronunciation of printed words is a reliable indication of his ability to produce them correctly.

The ELI took the lead in calling attention to the need for the testing of audio-lingual proficiency and in suggesting that tests should take into consideration the native language of the examinee. Its aural comprehension test for Japanese learners of English was a step in this direction but the tremendous labor required in preparing similar tests for each language group has prevented further steps in this direction. The compromise that is generally made with the need to take into consideration the native language of the examinee in testing audio-lingual proficiency is to establish different norms for each language group on a general type of aural comprehension test.

With respect to the testing of proficiency in speech, no standardized objective tests are in general use—if any exist at all—nor is there any likelihood of their being developed until we have machines sensitive enough to do the scoring, so that all possibility of subjective evaluation is eliminated.*

The testing of the proficiency of foreigners in English has become a matter of deep interest to the U. S. Department of State and the International Cooperation Administration. Research is being conducted under the direction of Harry Freeman for the purpose of working out effective instruments for determining whether government-sponsored grantees in the U. S. are proficient enough in English to realize their goals in coming to the U. S. Testing of listening comprehension will play an important part in these tests.

A type of testing that has recently been given attention is aptitude or prognostic testing. John B. Carroll and Stanley M. Sapon have, after several years' work with American learners of foreign languages, published a test through the Psychological Corporation in New York which is claimed to have a high degree of reliability in predicting success of Americans in studying a foreign language. It tests among other things the examinee's ability to learn spoken numbers in a foreign language, to learn to associate speech sounds with phonemic symbols, to guess words from limited spelling clues, to recognize structures analogous in function to given structures

*Since the writing of the above paragraph, an article by Peter Stevens, "The Development of an Oral English Test for West Africa," has appeared in the latest issue of *English Language Teaching* (October-December, 1960), describing a set of tests in which "only 20 marks out of 100 are allotted on an impressionistic basis." (p. 20) He goes on to suggest "that future developments may eliminate even this small proportion of the total." Likewise, Harry Freeman of the International Cooperation Administration, in a letter dated December 14, 1960, states that the ICA is working on an objective test of oral production, that "preliminary research on its reliability and validity is very encouraging," and that it should ultimately "make oral-aural testing completely objective."

in a model, and to memorize foreign words paired with English equivalents.

The State Department is interested in developing a prognostic test which will predict to what degree and in how long a time a prospective trainee in underdeveloped Africa or Southeast Asia will learn enough English to be trained in the U. S. It is under increasing pressure to select persons in underdeveloped countries not on the basis of their proficiency in English, as in the past, but on the basis of their importance to their economy. A reliable prognostic test would enable the State Department and American universities to move faster and with less waste than selecting persons on the basis of their proficiency in English has heretofore allowed them to do. Frequently students or trainees have the minimum level of proficiency required to pass a test but their inability to progress beyond a certain point in their use of English prevents them from achieving their goals in the U. S. A prognostic test would presumably reveal such cases of lack of aptitude early in the selection process and would spare much expense and heartache.

The great differences in language, culture, and training of the potential examinees suggest that a large number of tests, each designed for a particular type of person rather than a single general test is needed. Such a test will have to predict ability to learn to read and write a new language, as does the Carroll-Sapon test, but its main emphasis will have to be prognostication of success in learning to speak and understand a foreign language.

A third type of test being given attention is the achievement test. It attempts to measure the learning the student has acquired under given conditions and methods in a given length of time. It is in this area that the speech and hearing science departments are making contributions. John W. Black, in a paper delivered in the spring of 1959 in New York at the English Language Section meeting of the annual NAFLSA Conference (3), described techniques used in measuring certain component skills in speaking and comprehending which had been developed by students there in fulfillment of requirements for M.A. or Ph.D. degrees—for example, those developed by Elizabeth G. Jancosek (22) and Helen R. Minihan (34).

It is in increasing our ability to measure precisely the effect of techniques and devices used in teaching the foreign student that our progress in eliminating the speech problems of the foreign learner of English depends. The work that is being done in speech and hearing science departments like that at Ohio State University is of real importance in this area.

PSYCHOLOGICAL FACTORS AFFECTING SPEECH

With respect to category six—psychological factors affecting the speech of the foreigner learning English—there has been little written that illuminates the problem directly. Psychologists like Wilder Penfield and Lamar Roberts (40) and linguists like Eugene

Nida (38) stress the importance of motivation in language learning and the variety of influences—physiological, environmental, and psychological—that affect motivation. Certainly, teachers and clinicians concerned with the speech problems of foreigners learning English should know something about the resistance to uninhibited imitation of the new speech patterns that frustrations and subconscious hostility can generate in the learner. Nida's call for careful testing of his hypothesis—that a desire to communicate and sensitivity to the out-group are correlated to success in second language learning—is one that speech and hearing research people might well heed.

CULTURE AND SPEECH PROBLEMS

Number seven on the list of categories of information that have a bearing on the speech problems of the foreigner learning English—the influence of the culture system of the learner upon his gaining proficiency in American English—is an acknowledgment of a fact pointed out by James P. Soffietti (44) that the foreigner residing in our midst has a "Cultural Accent" which is reflected in nonverbal behavior as well as verbal behavior in varying degrees of subtlety. Its presence attests to the fact that there is going on in the foreigner "a conflict between ways of life, beliefs, customs, value systems and not necessarily one between language systems" and that this conflict "might create problems of adjustment." (44, p. 277)

The fact that in some Asian languages there are many different ways of saying "you," each appropriate to a particular social situation, for example, should help to explain why few Japanese attain the fluency and breeziness in conversation with Americans that many a speech teacher has tried to drill into them.

Lado (26) explains how the culture of a foreigner might be compared with American culture for the purpose of discovering points of potential conflict which might have a bearing on his speech problems.

GEOGRAPHY AND SPEECH PROBLEMS

The eighth item in the list of categories of information that have a bearing on the speech problems of the foreigner who speaks English—the geographical and political aspects of the problem—is related to the spread of English abroad and the fact that in many parts of the world English is the official language and *lingua franca* of vast numbers of people speaking a diversity of native dialects or languages. In areas such as India, the Philippines, Hawaii, Puerto Rico, and a number of former British colonies in Africa a variety of English is spoken that is perfectly viable there but which is nearly unintelligible to speakers of English elsewhere. Students from India in the U.S. who have received all their education in English and have spoken it most of their lives frequently have a harder time making themselves understood than students who have been exposed to English only a relatively short time. The question of what to do about this type of problem is a real dilemma for speech teachers and clinicians.

Should they attempt to change the pronunciation and stress and intonation patterns of the student from the Philippines, knowing that his way of talking will serve him better back home than the American way? Or should they encourage him to cling to his own way in the face of looks of incomprehension and rejection from speakers of English from other parts of the world? It will take both research and statesmanship to resolve this dilemma, as is made clear in the discussion on this topic reported at a conference on "Linguistics and the Teaching of English as a Foreign Language" held at Ann Arbor, Michigan in July 1957 (31, pp. 118-119).

SPEECH PROFICIENCY AND REALIZATION OF GOALS

The presence of item number nine in the list of categories of information of interest to the person concerned with the speech problems of foreigners learning English is a bow to the flood of research that is now being done on the effects of international educational exchange. In practically all of these studies attempts are made to assess the relationship between the students' proficiency in English and the realization of their goals in coming to the U.S. In a two-week NAFLSA Seminar conducted at Waldenwoods, Michigan, in August 1960 on the "Uses of Research in the Advising of Foreign Students" the English Language Committee (41) tabulated research findings regarding correlations between English language proficiency and (a) academic achievement, (b) social adjustment (c) favorableness toward the U.S. (d) satisfaction with exchange experience and (e) attitude toward American political policies. In few of these studies were the kinds of proficiency in English of the students measured separately, but the assumption in most of them seemed to be that performance on a Lado-type of general test could be equated with audio-lingual proficiency in English. In practically all of the studies the conclusions were that there is a high correlation between proficiency in English and the realization of the goals of international education exchange.

An occasional study, however, challenges these conclusions: one by Stuart W. Cook and others of the New York University Research Center for Human Relations (8, p. 82) suggests that fluency in English is perhaps more a result of the establishment of good social relationships on the part of the students with Americans and other groups than a cause of it. Another by John F. Melby and E. K. Wolf, states, with no observable substantiation, that "There is no particularly evident statistical relationship between language competence on the one hand and on the other frequency of contact with campus and noncampus Americans, reading habits, cultural and community exposure, and interest in pursuing all the foregoing," (33, p. 3).

The overriding implication for speech and hearing people of the survey of the foregoing studies is that more accurate research in this area is needed and

that they ought to provide the social scientists doing it with appropriate instruments for measuring and rating audio-lingual performance on the part of the foreigner using English.

RESEARCH DESIDERATA

The final item in the categories of information of interest to persons concerned about the speech problems of foreigners using English is a look at the questions that must be answered in order that progress in solving these problems can be made. The questions most frequently asked these days can generally be answered only through research. A number of voices, most notably that of Lado (25) have recently been raised among teachers of English as a second language calling for large-scale experimentation which will give better understanding of the nature of the various aspects of the learning of English as a second language and objective measurement of the effectiveness of particular teaching methods and devices. Since the present teachers of English as a second language have generally come into the profession by the back door few of them are trained in the techniques of research in verbal behavior. Consequently, they will need help from speech and hearing people and the psychologists in this area.

The sort of questions most commonly asked by those concerned with the foreigner's speech problems are similar to those in a bulletin issued by the staff of the Foreign Language Program of the MLA (37). Of the 54 questions on the list, approximately half deal with phonology. A typical question is no. 34: "When an allophone in the native language constitutes a phoneme in the target language, is there any perceptual difficulty?"

Another list of questions of interest to persons involved in research on the speech problems of foreign students learning English is that in Carroll (5). Of the 27 questions in this list, 9 deal with pronunciation or perception of sounds. A number of others deal with the oral mastery of structure or vocabulary. Under each question there is a discussion of the research done to date on the problem and suggestions as to possible design for the research needed. A typical problem on this list is Problem 7: "What effect does variation of speech rate in the model have on accuracy of imitation? Also, what is the effect of variation of length of material to be imitated?"

A final and most recent list of recommendations for research of interest to persons concerned with the English speech problems of foreigners is that prepared by the English Language Committee of the Waldenwoods Seminar (41, p. 82). Mentioned here are only those that have not been mentioned elsewhere in this paper:

1. More quantitative studies of correlations between English proficiency and academic achievement in particular areas of study.
2. Objective comparative evaluations of various teaching techniques.

3. Controlled experiments for the purpose of testing injunctions or hypotheses regarding language teaching theory.

4. Research in the adaptation of teaching machines to imparting audio-lingual mastery of sound and structure patterns to learners of English as a second language.

5. Study of the possible impact of automatic translation upon the spread of spoken English throughout the world.

It should be evident from this survey that though we have learned much in recent years that will help us increase the ranks of effective speakers of English, we have only scratched the surface of what we need to know to make English realize its full potential for contributing to understanding and harmony among the peoples on the earth.

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SPEECH AND HEARING CERTIFICATION IN NEW YORK STATE

HENRY C. YOUNGERMAN*

State University of New York at Fredonia

A NEW schedule for certification of speech and hearing personnel was approved in February, 1960, by the Board of Regents of the University of the State of New York. This schedule becomes effective September 1, 1962. All persons who now qualify according to this schedule may certify on request. All former schedules have been replaced without retroactive effect upon those certified under these previous schedules.

PREVIOUS CERTIFICATION PROGRAMS

Prior to 1955, candidates were required to complete preparation for the elementary school certificate. Subsequently, this elementary certificate could be extended following preparation for teaching state-subsidized classes of the mentally or physically handicapped. All candidates in any of these areas were required to complete courses in mental hygiene or psychology of the handicapped as well as mental, social and vocational adjustments or sociology of the handicapped. Extension was approved in either speech correction or education of the deaf upon completion of forty-five (45) semester hours in approved technical and professional courses including a minimum of sixteen (16) hours in speech correction or ten (10) semester hours in education of the deaf. A practicum in these two areas amounting to six (6) to eight (8) hours of principles, methods, materials, observation, practice teaching and clinic was required. Preparation for speech correction also included three (3) semester hours of speech science ("anatomy, physiology and hygiene of the speech mechanism") and three (3) semester hours of phonetics ("as a tool in speech improvement based upon *A Pronouncing Dictionary of American English* by Kenyon and Knott").

After 1955, one could also qualify on a temporary basis after completion of required courses in technical and professional areas within the framework of a four-year undergraduate program in general speech. This was permitted during the transition period while committees were at work on revision of the then current schedules of preparation in the teaching of the handicapped.

An Advisory Committee to the State Education Department met in 1954. It recommended special training to include six to twelve (6-12) hours in general speech, eighteen to twenty-four (18-24) hours in speech correction and speech pathology, and nine (9) hours in audiology. Although discussed at length by college representatives and other interested persons, the committee recommendations were not accepted be-

cause of pressures being exerted to review all schedules in the field of special education. The work of a second committee in 1956 made few changes and its proposals also were put aside.

A third committee was appointed and met in 1957. It was composed of Evelyn Konigsberg, Letitia Raubich, Katherine Thorn, Rolland Van Hattum, Pauline Winkler and was chaired by Louis M. Di Carlo. The committee recommended the schedule reported here. Only a few slight changes were made by the Regents before granting final approval in February, 1960.

NEW YORK AND ASHA

Comparison of items quoted from recommendations made by the ASHA Sub-Committee on Standards in Public School Speech Correction with the New York State schedule of requirements as newly approved provides the following picture. All speech clinicians working in elementary and secondary schools in New York State will meet the "level of competence corresponding to the requirements for basic certification of ASHA." These clinicians will also accumulate an additional six (6) semester hours in hearing. The basic area of speech sciences and phonetics is mandated. Training institutions will add ASHA requirements in psychology. Candidates are "not required to meet certification requirements of the classroom teacher" and on a general scale are "provided with information on curriculum and methods of classroom teaching." They will complete "preparation in the organization and administration of a speech correction program in the public schools."

Although only eighty (80) clock hours of supervised practice in the public schools rather than the one hundred (100) hours recommended by the ASHA Sub-Committee are required, this does not constitute a significant barrier to certification by ASHA where the training centers are interested in meeting ASHA requirements. Finally, the Sub-Committee recommendation that a five-year educational program of preparation of public school speech clinicians should be encouraged, is met by the Regents approval of a fifth year for permanent certification in New York State. The Permanent Certificate allows for preparation for the present ASHA Advanced Certificate, and the single ASHA Certificate effective January 1, 1963.

PROFESSIONAL EDUCATION

The argument that certification by a State Education Department must not continue the practice of the extension of an elementary school certificate has long been supported by many in the field. Opposition to this practice of certificate extension has also been voiced in favor of full dual preparation in elementary

*HENRY C. YOUNGERMAN, Ph.D., is Associate Professor of Speech, Director of Speech Clinics at the State College of Education, State University of New York, Fredonia.

teaching and speech correction. The group favoring this latter position argues that dual preparation including a four or a five year program best serves to protect the correctionist and the child. The new schedule for New York State allows for minimum preparation at the Provisional level with possibilities for full preparation in both areas at the Permanent level. There is no indication that the State Education Department will ever approve less than the minimum in professional education as set forth in the schedule reported here. It is also quite certain that the State Education Department will continue to approve a joint certificate in speech and hearing for work with children in the regular schools. They thus give official recognition to the prospect for an increasing number of hearing handicapped children expected in our schools.

It would be less than realistic to look upon progress in certification as being the work of a few committees in the past decade. Committee recommendations were made in direct response to demands made by the many pioneers who were at work in the 1920-1940's period; pioneers for whom there had been available only a very few courses in speech correction or education of the hearing handicapped. Their work in the field, demands for extended research and publication, insistence upon clarification of areas for assistance to the handicapped, and recommendations for training institutions brought about the high level of stability now achieved in New York State. The Advisory Committees represented these clinicians rather than any special group.

CERTIFICATION—1962

Following is the statement of the newly approved schedule for certification in New York State:

Permanent Certificate

Preparation: (1) The candidate shall have completed a four-year curriculum leading to the baccalaureate degree and in addition 30 semester hours in advanced courses. The total program shall have been completed at an institution or institutions having a program registered and/or approved by the State Education Department for such preparation; or (2) The candidate shall have completed a four-year curriculum leading to the baccalaureate degree (or equivalent preparation) and in addition 30 semester hours in approved advanced courses.

- (a) The 30 semester hours, constituting the fifth year of work, shall serve to strengthen the candidate's training for teaching and effectiveness as a teacher. (b) If the candidate, in an undergraduate program has completed the required minimum in professional study in education and in technical preparation, the fifth year shall include not less than 15 semester hours in courses related to the teaching of

the speech and hearing handicapped. (c) The five-year program of preparation shall include:

- (i) 18 semester hours in professional study in education approved for public school service as follows:

Semester Hour Minimum

Supervised student practice teaching in the field of speech and hearing, including conferences on teaching problems in language arts or speech improvement. The total program shall include a minimum of 80 clock hours of practice teaching..... 6

Clinical methods and practice in speech and hearing problems of elementary and secondary education..... 4

Organization of a speech and hearing program in elementary and secondary education..... 2

Understanding the historical, philosophical and psychological foundations of educational theory and practice 6

- (ii) 36 semester hours in courses in the teaching of the speech and hearing handicapped as follows:

Speech and Hearing Fundamentals 6

(Anatomy, physiology and hygiene of the ear and speech mechanisms, phonetics, voice and speech production, speech and voice science, psychology of speech, acoustics and physics of sound.)

Public Speaking. The following studies are acceptable: oral interpretation, choral reading, and dramatics (creative dramatics and play production) 4

Speech Correction (minimum 12 semester hours) and hearing (minimum 6 semester hours) 18

(Studies such as the following are acceptable: survey of speech and hearing problems, speech pathology including voice problems, articulation problems, delayed speech, stuttering, speech problems associated with cleft palate and cerebral palsy, aphasia and related disturbances, advanced speech pathology; hearing problems and measurement of hearing, speech reading, hearing aids and auditory training, language, voice and speech developments of hearing impaired children.)

Electives in the above..... 8

Provisional Certificate

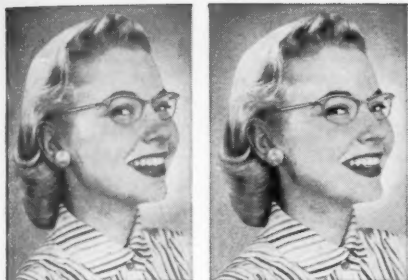
For purposes of conserving space here, it is necessary only to repeat that the curriculum stated in (i) and (ii) above is required for the Provisional Certificate on a four-year undergraduate basis. The 30 semester hours of advanced courses lead to the Permanent Certificate.

Time Validity: The Provisional Certificate shall be valid for five years.

Renewal: The Provisional Certificate will not be renewed except for maternity leave, extended illness or military service.

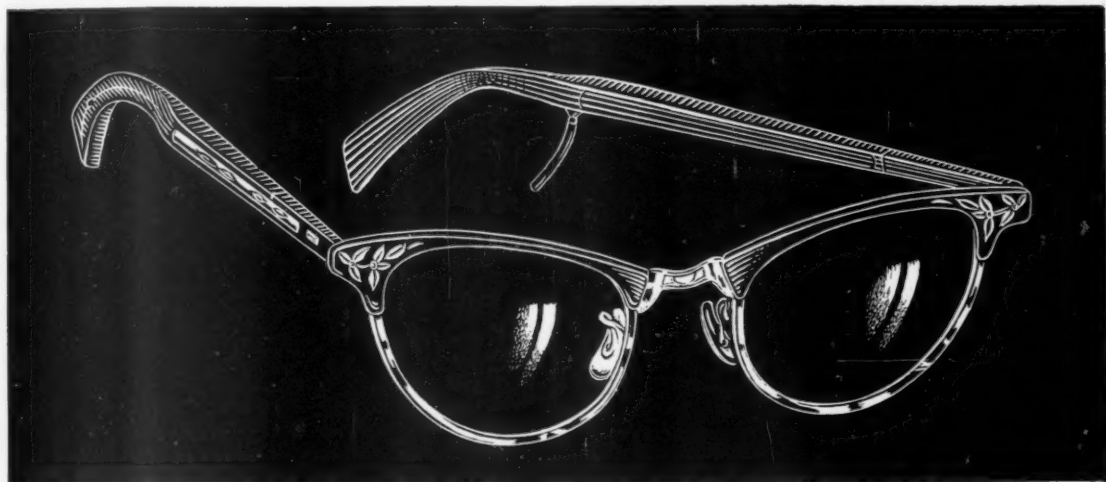
Validation of Certificates for Teaching Other Subjects:

- (a) The validity of either form of the certificate may be extended to any other teaching subject upon completion of the prescribed study as outlined in the regulations.



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State Associations

IOWA SPEECH AND HEARING ASSOCIATION

The ISHA recently has revised its publication policy. Formerly, it published *Therapist* biannually. The new policy will permit three different publications. The *Iowa Commentaries* is an annual monograph or symposium type brochure of general interest on a particular subject. The first edition was a monograph by Ralph Carpenter, an otolaryngologist, discussing hearing conservation and the relationship between the physician and the speech and hearing clinician. Another publication, *Feed-back*, is published five times a year and deals with announcements, committee reports and reports of events of general concern to the members. Preceding the biannual state association meeting, a publication is printed in magazine format and is called *ISHA Journal*. This is limited to papers dealing with clinical techniques and evaluations of such techniques.

This new publication policy is intended to keep members informed at various interest levels of activities within the state of Iowa as well as activities of general professional interest.

COMMITTEES OF STATE ASSOCIATIONS

A number of state associations have reported the kinds of committees which they have now active as instruments of their association. For example, the Iowa Speech and Hearing Association has a Liaison Committee, with sub-committees on Legislation and Public Relations. This committee has been exploring recent legislation and proposed changes in legislation in the state, has been considering the publication of a directory of services and programs in Iowa and is examining the professional relationship of ISHA to other associations in the state. The Iowa Association also has a Membership Committee for the purposes of stimulating membership growth of the organization.

The Pennsylvania Speech and Hearing Association has, among its various committees, a Committee on Audiology which is active with state departments in the field of audiology and with other programs in the state, and a Committee on Ethical Practices to consider general problems regarding the area indicated by the committee title.

The Oregon Speech and Hearing Association has active committees on Membership and on Ethics and Standards.

Apparently all state associations now active have Program Committees which function to arrange the affairs of the annual convention of the respective state organization.

AVAILABLE EXHIBITS

The American Speech and Hearing Association has prepared an exhibit for use at meetings of state

associations. The purpose of the exhibit is to provide information about ASHA to members and nonmembers alike, and it is useful as a recruiting exhibit for ASHA members. The exhibit is available for display at meetings of state associations. Information on the exhibit and how to obtain it may be obtained by writing to the ASHA national office.

Another exhibit available to state associations is one concerning the new publication *dsh Abstracts*. The exhibit is designed to acquaint people with the *dsh Abstracts* publication and to encourage subscriptions. Information about this exhibit also may be obtained from the national office of ASHA.

SOME CLARIFICATIONS

Unfortunately, many members of state associations continue to have misconceptions regarding a number of aspects of ASHA. It has been reported from a number of state organizations that many persons engaged in the field of speech and hearing within the state are not members of ASHA. They have indicated the reason for not being members of ASHA is that they are not qualified for certification at either the basic or the advanced levels. Their misconception arises either from the belief that membership in ASHA has as its prerequisite the obtaining of a clinical certification from the Association, or the belief that an advanced academic degree is required for membership. At the present time, neither of these is true.

In some instances these misconceptions have meant that people in a state have not even become members of their state professional organization which is recognized by ASHA. Rather, they have gravitated to other educational associations or smaller area groups which have some interest in speech and hearing problems, but who, because of their size, location, facilities and range of interests represent a relatively low level of professionalism.

It is suggested that state associations take steps to call to the attention of persons within their states who are not members of ASHA that at the present time a Bachelor's degree is the basic requirement for ASHA membership, that qualification for a level of clinical certification is not a requirement for membership, that a level of clinical certification is obtained after membership has been completed, and that there are numerous benefits to the individual and to his profession if he becomes a member of ASHA whether or not he has a level of clinical certification.

RECENT MEETINGS

The first annual meeting of the Illinois Speech and Hearing Association met in Springfield, Illinois, on



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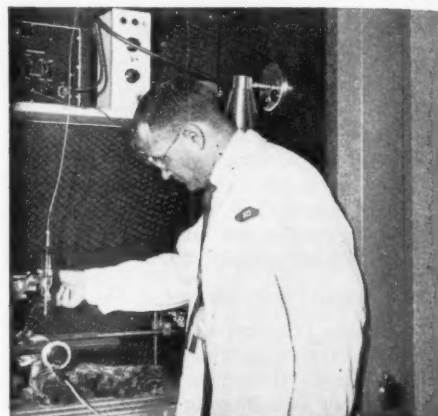
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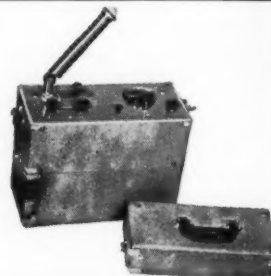


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March 24 and 25, 1961. On Friday afternoon Charles R. Elliott of the University of Illinois College of Medicine spoke on "Psychological Tests and Techniques That Can Be Utilized by Speech Correctionists."

The annual business meeting featured reports from the delegates to the House of Delegates of ASHA, Mildred Berry and Donald Davis. John J. O'Neill, Chairman of the Program Committee, spoke at the banquet. The "highlight" of the convention was a social symposium where members had informal discussions of professional problems.

On Saturday, Mildred Berry of Rockford College was chairman of a panel on "The Articulation Problem—Toad or Chameleon?" Participants were John J. O'Neill, Mary Leimert, David Rutherford and Carolyn Scott.

The officers are: President, Marjorie Burkland; Vice-President, Charles E. A. Moore; Secretary, Guy H. Mahan; and Treasurer, Catherine Woods.

The following officers have been elected for 1962:

President, Thomas Timmis; Vice-President, Laura Lee; Secretary, Charles E. A. Moore; Treasurer, Dorothy Clark and Delegate, Marjorie Burkland.

The Oklahoma Speech and Hearing Association held its second annual spring conference, April 21-22, at Oklahoma City, Oklahoma.

The Indiana Speech and Hearing Association held its annual convention April 14-15 at Muncie, Indiana.

The spring meeting of the Speech and Hearing Association of Virginia was held April 22 at Newcomb Hall, University of Virginia, Charlottesville, Virginia.

Readers are urged to contact Bruce M. Siegenthaler, Speech and Hearing Clinic, Pennsylvania State University, University Park, Pennsylvania, Associate Editor of STATE ASSOCIATIONS, if they have information pertinent to this Department.

Calendar of Professional Events

INTERNATIONAL MEETINGS

June 5	Inter-American Conference on Rehabilitation, San Paulo—Rio de Janeiro
June 23-29	7th International Congress of Otolaryngology, Paris, France
July 16-21	4th International Conference on Medical Electronics, New York
August 5-13	First Latin-American Symposium on Speech and Hearing Problems, Mexico City, Mexico
August 13-19	International Congress of Applied Psychology, Copenhagen, Denmark
August 27-September 1, 1962	12th Congress of the International Association of Logopedics and Phoniatrics, Padua, Italy
August 30-September 6	World Federation for Mental Health, Paris, France
September 4-9	4th International Congress of Phonetic Sciences, Helsinki, Finland
September 7-13	5th International Congress on Electroencephalography and Clinical Neurophysiology, Rome, Italy
September 10-15	7th International Congress on Neurology, Rome, Italy

NATIONAL MEETINGS

June 25-30	Convention, American Instructors of the Deaf, Oregon School for the Deaf, Salem, Oregon
June 26-30	Annual Meeting, American Medical Association, New York City
June 26-30	American Society for Testing Materials, Atlantic City, New Jersey
July 2-7	38th Annual Conference, American Physical Therapy Association, Chicago, Illinois
July 16-21	4th International Conference on Medical Electronics, New York, New York
August 27-September 1	American Congress of Physical Medicine and Rehabilitation, Cleveland, Ohio
August 31-September 6	69th Annual Meeting, American Psychological Association, New York City
November 5-8	American Speech and Hearing Association, Hotel Sherman, Chicago, Illinois



THE NUK SAUGER PROGRAM, a promising development for prevention and early care

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At first it seemed that only orthodontists were interested. Now others, particularly many in your Speech and Hearing Association, are also intrigued with its possibilities. You can be sure we will be glad to send you the descriptive booklet and will welcome any comments you might have.



CONVENTIONAL NIPPLE



NUK SAUGER NIPPLE



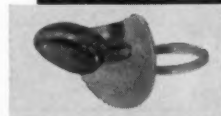
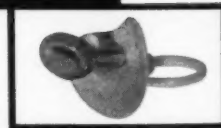
THE NUK SAUGER PREVENTIVE ORTHODONTIC PROGRAM

The Nuk Sauger Program is a European Development, which Rocky Mountain has been market-researching for over two years to determine: (1) whether or not the American Professions and parents would accept and use such a program, (2) possible changes to fit American requirements.

THE ELEMENTS OF THE PROGRAM ARE:

- (1) **NUK SAUGER NIPPLE** A more natural nursing method to encourage healthier development of jaws and oral structures. It also helps prevent reverse swallowing and harmful mouth habits associated with overdeveloped sucking and drinking reflexes, which often result from bottle nursing with round, drinking type nipples.
- (2) **NUK SAUGER PRIMARY EXERCISER** A worthwhile substitute for the thumb, designed to offset possible harmful effects of thumb sucking and to promote normal oral development.
- (3) **NUK SAUGER SECONDARY EXERCISER** For treatment of oral malformations caused by improper nursing nipples, mouth habits, mouth breathing, thumb sucking, etc.

SAMPLES AND LITERATURE—While samples must, of necessity, be limited, we will be glad to send you reprints of articles from the American Journal of Orthodontics related to this subject and our latest booklet, "The R.M. Nuk Sauger Program."



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Your Committees in Action

THE WHITE HOUSE CONFERENCE ON AGING

Committee on Communication Problems on Aging

The White House Conference on Aging held in Washington, D. C., January 9-12, 1961, was an impressive example of a nation-wide coordinated undertaking. The Conference itself which brought together some 2,800 delegates was preceded by months of preparation. It was convened under a law authorizing the Secretary of Health, Education and Welfare to set up such a conference and the governors of the States to appoint appropriate delegates. A national advisory committee selected twenty subject matter areas, and detailed factual background papers in each field were prepared for use by all persons involved in the plans. State conferences, preceded by local, county, and regional meetings were held in preparation for the national level conference.

The final program was organized into ten groups covering twenty subject matter areas. A given group opened its meetings with a morning general session, followed by an afternoon orientation session. The remainder of the meetings consisted of workgroups. Individuals at the Conference tended to be limited as to activities, for they were assigned to certain workgroups in certain sections from which they could not stray. Attendance was by coded identification cards only.

From the many workgroups within the twenty subject sections, the following were of most direct interest to the Committee on Communication Problems of the Aging: rehabilitation, biological and medical research in gerontology, and research in gerontology: psychological and social sciences.

Within the Rehabilitation Group, a workgroup concerned with hearing loss among the aging and aged was led by Crayton Walker, Executive Director of the American Hearing Society. Its section report contained in the Policy Statements and Recommendations from the White House Conference on Aging distributed by the U. S. Department of Health, Education and Welfare is as follows:

"It is disturbing to this group that essentially nothing on this problem has been pin-pointed in State reports. The problem of hearing loss is far greater than this lack of attention suggests. Therefore, our educative effort must be relatively greater to bring it into proper perspective.

We face a problem of ignorance and complacency rather than emotion and controversy. We urge that concern be shown at national, State and local levels by active promotion and financial aid to programs

(including the use of "seed money" for new ones) specifically designed to:

1. Identify the problem of the hard of hearing and the deaf and define the public interest in it; establish a system for case finding these individuals in urban and in rural areas; promote the training and provision of professional and technical personnel to organize group functions, render accurate diagnosis and provide properly regulated training services. Where hearing aids are indicated their provision and use should be facilitated.
2. Devise the best means for keeping these people on the job if possible, placing elsewhere if necessary, and for initial training and placement of those who are not working. There is great need for the skills of special workers aware of the needs of the whole individual.
3. Promote the concern for curriculum and teaching in our professional schools as well as in speech and hearing, and rehabilitation centers and for the promotion of research as part of the major educative effort.
4. Recognize the need for safety provision for those with hearing loss especially in planning new housing.
5. Encourage efforts to provide our senior and aged deaf citizens comfortable separate accommodations in institutions and homes serving the aged.
6. Churches, schools, libraries and other public and private institutions should be alert to the needs of older people who have hearing impairments."

Excerpts from the sectional recommendations of the workgroups concerned with biological and medical research in gerontology and in psychological and social science research suggest general areas wherein communication disorders could be included. No specific references were made to speech and hearing problems of the aged. From the section report of the group interested in biological research in gerontology:

"We recommend the following additional means of stimulating research on biological aspects of aging:

1. Programs of lifetime investigatorships in biological aspects of aging similar to those which have recently been initiated by agencies in the field of Heart and Cancer Research.
2. Vigorous expansion of support for individual research projects.

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3. The granting of funds for selected long-term studies which by their intrinsic nature may require 10-20 years for their successful completion.

4. Continued exploration of needs in the study of the biology of aging as begun at this White House Conference. This should be accomplished by the immediate appointment of a study section on aging within the Division of Research Grants of the National Institutes of Health.

5. Encouragement of appropriate programs of research in aging in both public and private agencies including the Atomic Energy Commission, the National Science Foundation, the Veterans Administration, The Department of Agriculture, The Federal Aviation Agency, The National Aeronautics and Space Administration, and by various other organizations.

We urge full federal support, without matching funds, for construction of laboratories and special animal facilities (with long term support) for research programs in aging, in universities, medical schools and other appropriate institutions.

The anticipated expansion of research in the biology of aging demands a significant increase in the supply of trained investigators. We therefore recommend that federal support be given to stimulate training in gerontology through:

- a. establishing graduate scholarships in aging research
- b. development of suitable lecture, laboratory, and demonstration instruction in aging research at the graduate level
- c. supporting a national and international exchange of scientists through a fellowship program so that investigators may carry out appropriate phases of their work in laboratories other than their own and
- d. assisting universities and medical schools to establish academic chairs in gerontology."

The section report concerning psychological and social science research made suggestions regarding the need for research concerning changes apparent at various age levels.

"Analysis of the major individual and social problems associated with aging and an inventory of present knowledge suggest certain areas where the need for research appears greatest.

A major concern is our limited knowledge of the extent of change in ability to perform activities at various age levels. Since existing evidence suggests greater variation between members of a given age group than between averages of adjacent age ranges, we need to establish both norms and the variation around the norms for each age group. For this pur-

pose tests and measurements covering such criteria of functional efficiency as attitudes, capacities, sensitivities, skills, and learning ability, should be developed and standardized for the upper age brackets. Particular attention should be given to the measurement of variations in learning capacity. Motivating factors which are effective in exploiting this capacity in programs of adult education, new interests and activities, and in rehabilitation should be explored. Related information must be developed on rates of learning, effective learning methods, extent of interference and transfer effects from one skill to another, and how long-unused skills may best be brought to high efficiency levels.

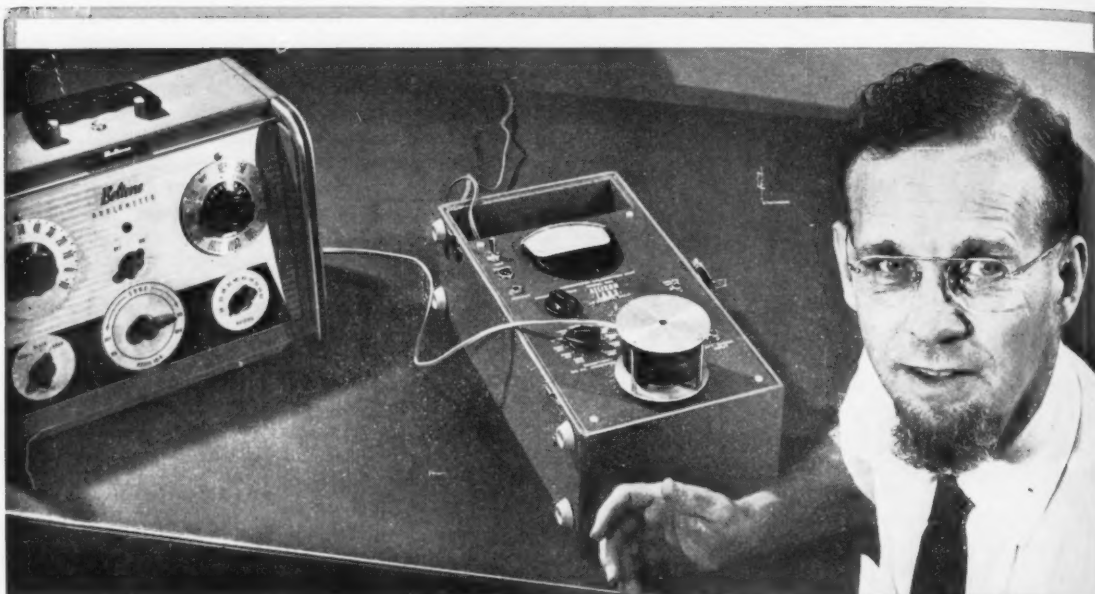
In view of the compelling need for information concerning age changes and differences in psychological capacities, abilities, and skills, a major multidisciplinary, combined cross-sectional and longitudinal study of the psychological and behavioral aspects of aging should be undertaken on a representative sample of the national population."

At first glance it would seem that little of direct and immediate reference to communication problems of the aging was brought out at the White House Conference on Aging. This is true, but throughout the Conference the pattern was not to deal with specifics but rather to issue plans and policy statements of a high level. They tended to be abstract in nature and specific topics usually were not dealt with. This was true of the statements from the groups concerned with rehabilitation and medical, psychological and social science research.

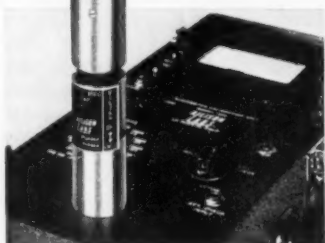
However, the Committees on Communication Problems of the Aging has benefitted from the conference in a number of ways. It has a wealth of printed material concerning a wide variety of aspects of aging and the aged. Communication problems impinge upon many of them. In addition, the Committee has now a complete list of names and organizations with an interest in the problems of aging. Finally, and perhaps most useful, several guidelines for research have been revealed in the sectional statements prepared by the various workgroups.

The preceding report concerning the White House Conference on Aging has been prepared from detailed descriptive material concerning the Conference, the program of the Conference, Policy Statements and Recommendations from the Conference distributed by U. S. Department of Health, Education and Welfare in February, 1961, and summarizing comments received from Parley W. Newman who represented the American Speech and Hearing Association and the Committee on Communication Problems of the Aging.

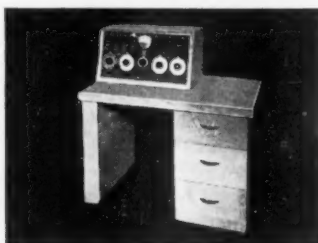
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FOUNDATION AWARD WINNERS



Howard A. Grey



Robert S. Brooks



Kenneth W. Burk



Harold L. Bate



Richard A. Hoops

Howard A. Grey and Robert S. Brooks are recipients of \$500.00 United Cerebral Palsy Speech and Hearing Scholarships granted by the United Cerebral Palsy Research and Educational Foundation on recommendation of ASHF.

Grey is a candidate for the Doctoral degree in speech pathology at the University of California at Los Angeles. He is a speech therapist at the Hope Guild Clinic St. Johns Hospital in Santa Monica and a teaching assistant in the Speech Department at UCLA.

Brooks' scholarship will be used to further research on a cineradiographic study of velopharyngeal valving in speech at the University of Kansas, Lawrence, Kansas. He is director of special education in the Salina Public Schools, Salina, Kansas.

Kenneth W. Burk, Harold L. Bate and Richard A. Hoops have been awarded \$500.00 scholarships from the General Fund of the American Speech and Hearing Foundation.

Burk is a candidate for the Doctoral Degree in speech pathology and presently is a research assistant at Purdue University. The award will be used to further research on the construction of an aptitude test for speech pathologists.

Bate is working for his Master's Degree in speech pathology and audiology at the University of Florida, concentrating on audiology. The scholarship will be used to help him obtain his Master's Degree and begin work on the Doctorate at the University of Wisconsin next year.

Hoops is a graduate assistant at the University of Illinois in audiology. His award will be used to finance the construction of special apparatus which will be used in his doctoral research program, as well as the costs encountered in utilizing IBM and digital computer equipment to assist in determining the results of the experimentation.

The American Speech and Hearing Foundation offers a limited number of one-year \$500 scholarships on a competitive basis to candidates for graduate de-

grees in speech pathology and audiology. The foundation also considers, within the scope of its budgetary possibilities, requests for grants designed to assist qualified graduate students in speech pathology and audiology to meet costs of research, special courses, and other aspects of their professional training. The Foundation currently offers the following grants and scholarships:

1. United Cerebral Palsy Speech and Hearing Scholarships from funds provided by the United Cerebral Palsy Research and Educational Foundation.
2. American Speech and Hearing Foundation Scholarships and Grants from the Foundation's General Fund.
3. Zenith Audiology Research Scholarships from funds provided by the Zenith Radio Corporation.

DIRECTORY APOLOGIES

May we extend our apologies to the following members who were maltreated in the 1961 *Directory*. We assure them it was not at all intentional, but in producing a publication of this nature errors and omissions are unavoidable.

Louis Stoia omitted from the list of those holding Advanced Certification in Speech and Basic Certification in Hearing.

Raymond Strauss and **Newton M. Schiller** omitted from the list of those holding Basic Certification in Speech.

Inez E. Hegarty's name was misspelled.

Gladis S. W. Brobrick, New York Board of Education, was omitted from the list of those holding Advanced Certification in Speech.

Nancy E. Wood omitted from the list of those holding Advanced Certification in Speech and her Advanced Speech listing was omitted from the alphabetical section.

Wallace A. Goates omitted from the list of those holding Advanced Certification in Hearing.

FEDERAL CONSULTANTS IN SPEECH AND HEARING

It is the desire of the editor to bring to the attention of the membership of ASHA information concerning members of our profession who serve as consultants in the various federal agencies. This issue of *Asha* introduces Nancy E. Wood to those not already acquainted with her. She was recently appointed Specialist in Speech and Hearing Disorders for the Office of Education. In this position she assists in collecting and disseminating basic additional information; conducting fact-finding, status and opinion studies; calling conferences to identify and seek solutions to major problems and gaps; and rendering consultative services primarily to state education departments and national agencies. She wishes to establish close liaison with public school programs and personnel. Members of the profession are invited to correspond with her concerning speech and hearing services in



Nancy E. Wood

the public school systems.

Wood received her Ph.D. from Northwestern University in 1952. Prior to coming to the Office of Education she was principal investigator of a four-year project concerning language disorders in children which was conducted under the auspices of the Office of Education. From that project several monographs and numerous professional journal articles have been published. Some personal results of this project were an increased awareness of the problems of school children having language disorders and a heightened desire to improve

speech and hearing services to these children.

She came to the Office of Education from Western Reserve University, where she was an associate professor, and director of the program for children with language disorders at the Cleveland Hearing and Speech Center.

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Clinical and Educational Materials

PUBLICATIONS

UNDERSTANDING THE ADOLESCENT

STUDY OF VALUES, (Revised 1951), Allport, G. W., and Vernon, P. E. Reflects the relative prominence of six basic interests or motives in personality; theoretical, economic, aesthetic, social, political and religious. Based on Spranger's types. 20 minutes.

THE PERSONALITY INVENTORY, Bernreuter, Robert C. Six scores: neurotic tendency, self-sufficiency, introversion-extroversion, dominance-submission, sociability, confidence. (30 min.)

MINNESOTA PERSONALITY SCALE: (1941). Darley, J. G. and McNamara, W. J. Five aspects of personality are measured: Moral, social adjustment, family relations, emotionality, economic conservatism. (45 min.) Publishers of A, B, C, and F are The Psychological Corporation, 304 E. 45th Street, New York 17, N.Y.

KUDER PREFERENCE RECORD—FORM C, Kuder, G. F. Measures ten broad areas of educational and vocational interest; outdoor, mechanical, computational, scientific, persuasive, artistic, literary, musical, social service and clerical. Published by Science Research Associates.

WHO . . . ME? (for boys) and **MY REFLECTIONS** (for girls) (1954). Publisher: National Dairy Council, 111 N. Canal St., Chicago 6, Illinois. Twenty pages or more fill-in inventory booklets. Covers self-evaluation of degree of self-adjustment in health, nutrition, body care, clothes, grooming, getting along with people, feelings, orderliness, physique, school and vocation, and family. Testing time 30 min. (free)

VINELAND SOCIAL MATURITY SCALE, Doll, E. A. (1946). Developmental tasks arranged on age scale. Gives knowledge of degree of self-help, communication, self-direction, and socialization. Testing time about 20 minutes. Publishers: The Psychological Corporation, New York.

YOUR CHILD GROWS UP, Publisher, John Hancock Mutual Life Insurance Company, 200 Berkeley St., Boston 17, Mass. The Vineland Social Maturity Scale in condensed form, with an introduction of value to parents. (free)

BEHAVIOR PREFERENCE RECORD, H. Wood (1953). Reveals a student's cooperation, friendliness, integrity, leadership, responsibility, and critical thinking ability by presenting him with everyday situations and problems and asking him: "What would you do? . . . and why?" California Testing Bureau, 5916 Hollywood Blvd., Los Angeles 28, Calif.

WHAT I LIKE TO DO, Thorpe, L. P. et al. (1954). Designed for grades 4-7, can be used with slow maturing child or poor reader to locate levels of interest in these areas: art, music, social studies, active play,

manual arts, home arts, and science. About 40 minutes testing time.

SRA YOUTH INVENTORY—FORM A, Remmers, H. A. and Shinberg, B. (1950). Helps to identify problems that youth worry most about. Areas covered; home and family, boy-girl, health, getting along with others, myself, looking ahead, and things in general. Grades 7-12. About 40 minutes testing time. Publishers of the last two, Science Research Associates, 57 West Grand Avenue, Chicago 10, Illinois. Booklets \$.50—Workbooks \$1.00.

HELPING THE ADOLESCENT TO KNOW HIMSELF

PROFILES AND NORMS FROM TESTS IN UNDERSTANDING THE ADOLESCENT.

ATTITUDES TOWARD HANDICAP, Reprints. *Compensations of Hearing Loss; Hearing Handicapped Meet John Q. Public; Making Adjustments to Hearing Loss; Psychological Aspects of Loss of Hearing*. American Hearing Society, 817 14th St., Washington 5, D.C. 10c each.

GROWTH MATURATION: Health Goals for Youth; Pounds and Inches . . . What Growth Is; How Old Are You?; Age and Size; What Foods Do You Choose? Metropolitan Life Insurance Co., Health and Welfare Division, Madison Avenue, New York 10, New York (materials free).

Ventures, Voyages and Vitamins: A Girl and Her Figure, Leverton, R.M.; *Posture on Parade*. National Dairy Council, Chicago, Illinois (free).

Boys Want to Know; Girls Want to Know, American Health Association, 1790 Broadway, New York 19, New York. Booklets 20c.

Growing Up and Liking It, (for girls) Personal Products Corp., Milltown, New Jersey. Materials free.

Physical Growth Record for Boys, Physical Growth Record for Girls, Height and weight charts according to body build. American Medical Association, 535 Dearborn St., Chicago 10, Illinois.

Through the Looking Glass to Good Grooming, Procter and Gamble, Home Economics Dept., Cincinnati, Ohio (free material).

INTERPERSONAL RELATIONS: Dating Days; Getting Along with Brothers and Sisters; Getting Along with Others; Growing Up Socially; How to Live with Parents; etc. Science Research Associates; 48 page booklets—\$.50 each.

MENTAL HYGIENE: Know Yourself—A Workbook for Those Who Stutter; Bryngelson, Chapman and Hansen. Presents mental hygiene approach and gives specific suggestions and assignments for speech re-education. Burgess Publishing Co., 426 S. 6th St., Minneapolis 15, Minn.

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Good Health—Key to Better Living, Blue Cross Commission, 425 North Michigan, Chicago 11, Illinois. 17 page pamphlet. Physical and mental health inventory (free).

Group Therapy for Those Who Stutter, Chapman, M. E. Emphasizes goals, motivation, drills. Burgess Publishing Co., Minneapolis, Minn.

About You, Vol. I; Cosgrove, M. C., and Josey, M. I.; A mental hygiene workbook for teen-agers. Science Research Associates.

A Book About Me; Jay, E. S.; Science Research Associates; A social analysis workbook for young children. The pictures can be adapted for the young adult in terms of: "When I was little, I used to. . ."

The Mind in Sickness and Health; John Hancock Mutual Life Insurance Co. (free).

Psychology for Living—5 films, 9-15 minutes. The emotional problems which most frequently confront adolescents, presented through case studies, showing how such problems may be solved. McGraw-Hill Book Co., Text-Film Department, 330 W. 42nd St., New York 36, New York.

Stress; 9 page pamphlet on handling emotional problems. (free) Metropolitan Life Insurance Co.

Some Things You Should Know About Mental Health and Illness; The National Association for Mental Health, 1790 Broadway, New York 19, N.Y. Pamphlets, \$.20.

LIFE ADJUSTMENT PAMPHLETS FOR SENIOR HIGH. *Exploring Your Personality*, Henry, W. E.; *Understanding Yourself*, Menninger, W.; *How to Solve Your Problems*, Seashore, R. H.; *How to Increase Your Self-Confidence*, Wrenn, C. G.

JUNIOR LIFE ADJUSTMENT PAMPHLETS. *You and Your Problems*, Diamond, S. E.; *Finding Out About Ourselves*, Kirkendall, L. A.; *All About You*, Menninger, W. C.; *Your Problems—How To Handle Them*, Remmers, H. H. Science Research Associates. Pamphlets \$.50.

SEX EDUCATION, PRE-MARITAL EDUCATION. *Preparing for Your Marriage, Boys Want to Know, Girls Want to Know*, Goldberg; American Social Health Association, 1790 Broadway, New York 19, N.Y. Price 15c. *So You Think It's Love!* Eckert, R. G.; *Building Your Marriage*, Duvall, E. M.; Public Affairs Pamphlets, 22 West 38th St., New York 16, New York.

Understanding Sex, Kirkendall, L. A. Science Research Associates.

VOCATIONAL

See *What I Like to Do*, and *Kuder Preference Record. Why Study . . .*; General Electric Co., Public Service Division, Schenectady 5, N.Y.; Series of articles showing relationship between school subjects and jobs. Free.

Your Future Is What You Make It; National Association of Manufacturers, 14 West 42nd St., New York 19, N.Y.; A booklet on job analysis and preparation for employment. Free.

Choosing Your Career; Humphreys, J. A.; 48 page pamphlet. Filmstrips (3) 20 minutes. *You and Your Mental Abilities, Discovering Your Real Interests, What*

Are Your Problems? Good for orientation and discussion in each area. Published by Science Research Associates.

HELPING THE PARENT OF THE ADOLESCENT

THE HEARING HANDICAPPED. *Hearing Loss—What Can Be Done About It?* Boyd, G. G.; J. B. Lippincott Co., East Washington Square, Philadelphia 5, Penn. 190 pages, paperback, \$1.45.

The Child Who Is Hard of Hearing; Children's Bureau, Superintendent of Documents, Washington 25, D.C.

The Parent and the Hard of Hearing Child, MacNutt, E. G.; *Psychological Aspects of Deafness*, Kennedy, Foster; *Points for Parents of Acoustically Handicapped Children*, Panel; *A Letter to Parents*, Radcliffe, M. W. Reprints from Hearing News, American Hearing Society. Price, 10c

THE SPEECH HANDICAPPED. *Handbook on Stuttering for Professional Workers*, Bloodstein, O., 1959; *Speech Problems of School Children*, Johnson W., 1953; National Society for Crippled Children and Adults, 11 S. LaSalle St., Chicago 3, Illinois.

Symposium: On Stuttering and Its Treatment; Speech Foundation of America, 152 Lombardy Road, Memphis, Tenn.

GENERAL PROBLEMS OF THE HANDICAPPED: *Helping Parents Understand the Exceptional Child*; The proceedings of the Annual Spring Conference of The Woods Schools. Free. Woods School, Langhorne, Pennsylvania.

THE GENERAL PROBLEMS OF TEEN-AGERS; *Keeping Up with Teen-Agers*, Duvall, E. M.; *Mental Health Is a Family Affair*, Pratt, D.; Public Affairs Pamphlets. *The Adolescent In Your Family*, Feagre, M. L.; Children's Bureau.

When Your Child's In The Teens, (1955) Free, John Hancock Mutual Life Insurance Co.

Understanding Your Teenager (1953) Free, Metropolitan Life Insurance Company.

The above compilation prepared by Clara B. Weir, Board of Education, Hartford, Connecticut, should prove valuable to clinicians working with the adolescent presenting speech and/or hearing defects and the many allied problems which the adolescent often presents.

OTHER PUBLICATIONS

EXPRESSION OF PHYSICAL AND SUBJECTIVE MAGNITUDES OF SOUND OR NOISE. Copies of this newly published ISO Recommendation R131 is available from the American Standards Association, Inc., 10 East 40th St., New York 16, New York. \$.90 each.

INFORMATION RETRIEVAL AND MACHINE TRANSLATION. Edited by Allen Kent, Associate Director, Center for Documentation and Communication, Research School of Library Science, Western Reserve University. This two part work presents the papers and discussions of the International Conference for Standards on Common Language for Machine Searching and

Translation. Part I, a chapter of more than 200 pages presents an analytical review by the editor. It includes useful tables with detailed data regarding literature searching devices, analysis of literature, literature, analysis machine translation, language pairs under investigation, subject fields covered and translating equipment.

Part II deals primarily with problems of machine translation and search for a common machine language.

Previously published volumes in the series—Advances in Documentation and Library Science are: PROGRESS

REPORT IN CHEMICAL LITERATURE, edited by G. L. Peakes, Allen Kent and J. W. Perry; INFORMATION SYSTEMS IN DOCUMENTATION, edited by J. H. Shera, Allen Kent and J. W. Perry. The three volumes may be purchased or sent on approval from Interscience Publishers, Inc., 250 Fifth Avenue, New York City.

NINE TO TWELVE—THE RESTLESS YEARS. This booklet, dealing with preadolescents is the last of a series of child care materials ranging from birth through teen years which may be obtained from the Metropolitan Life Insurance Company, 1 Madison Ave., New York 10, New York.

SPEECH READING, A GUIDE FOR LAYMEN, by Adam J. Sartini, Children's Medical Center, Boston, with a preface by Miriam Pauls Hardy, Johns Hopkins. This easy to read, paper bound manual is designed for parents and class room teachers working with pre- and elementary school children. The contents include: What a Hearing Loss means to a child; Ways to discover a hearing loss; reasons for speech reading instruction; factors involved in speech reading; introduction to speech reading method; beginner's lessons; introduction to advanced material; lessons for advanced pupil; and bibliography. \$1.00 per copy. May be obtained from, The Volta Bureau, 1537 35th St., N.W., Washington, D.C.

TIM AND HIS HEARING AID, Eleanor C. Ronnei and Joan Porter; Alexander Graham Bell Association for the Deaf, Inc. This is an attractively illustrated publication designed to instruct parents, teachers, and children in an amusing fashion. There are helps for the hard of hearing child in learning to accept and adjust to his first hearing aid. Also included are suggestions for helping the hearing child to understand the hearing handicaps of his peers. \$1.00 per copy. Available at Volta Bureau, 1537 35th St., N.W., Washington 7, D.C.

Readers are urged to contact Vivian I. Roe, Department of Speech, Alabama College, Montevallo, Ala., Associate Editor of CLINICAL AND EDUCATIONAL MATERIALS if they have information of pertinence to this Department.



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News and Announcements

On July 1, 1960, the U. S. Office of Vocational Rehabilitation awarded a grant of \$16,500 to the Boston Guild for the Hard of Hearing for the purpose of expediting the recruitment of selected professional personnel essential to the rehabilitation of the hearing handicapped in the six New England states. The basic purposes of the project are: (1) to increase substantially, at the earliest possible time, the numbers of properly trained teachers of the deaf, speech and hearing clinicians, audiologists, and social workers (2) to devise appropriate methods of recruitment through analysis, adaptation, and utilization of techniques used successfully by industry or related fields and (3) to collate and distribute pertinent findings for national benefit. Claire K. Kennedy, Executive Director of the Boston Guild, is project director.

Since 1957 the Boston League had conducted a small campaign in a limited geographical area to interest college students in this work. The enthusiastic response and interest of college guidance leaders resulted in an increasing demand for demonstrations, information, etc. With the assistance of O.V.R. and 17 New England leaders, representing various related fields, a three-year program was designed and in September, 1960 was activated.

Considerable progress in meeting the objectives of the study has already been made. A survey of recruitment career literature from other groups was made. Two factors influenced the drafting of the 2-color flier, which is intended for posting on college bulletin boards. First, the analysis of the best materials received from 237 inquiries sent to training centers in colleges throughout the country. Secondly, the initial analysis of the apparent motivation factors compiled from 165 questionnaires sent to successful individuals presently working with hearing handicapped. The replies are being analyzed in detail by Albert T. Murphy, Project Consultant, as a component of the project.

College and secondary school contacts have been made on a very selective basis. Initial contacts have been made with colleges with greatest recruitment potential. It has been assumed that liberal arts college students are more receptive to the idea of immediate graduate work than are students in teacher's colleges. Psychology and sociology majors have appeared particularly receptive. Only secondary schools with a high ratio of college preparatory students were contacted.

A demonstration program is also part of the total project. The Community Educator, a trained social worker, explains the needs in the various areas of the field and indicates scholarship resources. The Demonstration Therapist is introduced and whenever possible a live demonstration with a deaf or hard of hearing child is given. Appropriate films are also shown. Individual counseling is available to each student expressing interest and a follow-up record is kept.

Other aspects of the project include the compilation of resource materials, lists of available scholarships and financial aid, and the preparation of numerous exhibit materials. Project workers believe that many worthwhile benefits will accrue. For example, not only will the number of persons entering professional training programs be increased, but college and high school students, faculties, and community leaders will become oriented to the problems of the hearing impaired.

INSTITUTIONAL

The first meeting of the new sensory disabilities study section for the Office of Vocational Rehabilitation was held April 10-11 at the O.V.R. central office, Washington, D. C. The purpose of the group is "to provide preliminary screening of applications for research and demonstration grants in the areas

of blindness, deafness, and speech and hearing." At its first meeting, the group considered applications in these fields and made recommendations to the National Advisory Council on Vocational Rehabilitation for consideration at its spring session, May 25-26, 1961. The National Advisory Council passes on all requests for research funds. The discussions by the sensory disabilities study section are designed to eliminate the necessity of forwarding applications to numerous experts which often resulted in wide divergence of opinions presented to the Council, and a delay in its operations. The new procedure is expected to speed up the handling of grant requests and to make for better understanding of the research project objectives.

Stephen P. Quigley has been appointed Executive Secretary of the study section. Other members include: J. W. Stafford, Arlington Heights, Illinois; R. C. Brill, Superintendent, California School for the Deaf; Grant Fairbanks, Director, Speech Research Laboratory, University of Illinois; R. E. Hoover, Baltimore, Maryland; H. A. Imus, U.S.N. School of Aviation Medicine, Pensacola, Florida; B. Lowenfeld, Superintendent, California School for the Blind; S. R. Silverman, Director, Central Institute for the Deaf, St. Louis, Missouri; Joseph M. Wepman, Director, Speech Clinic, University of Chicago; and George K. Yacorzynski, Northwestern University Medical School, Evanston, Illinois.

The Department of Speech, University of Massachusetts, Amherst, has announced a new graduate program in speech pathology and audiology leading to the Master of Arts Degree. Information about the program is available from Arthur E. Niedeck, Head, Department of Speech, University of Massachusetts, Amherst, Massachusetts.

The Second Annual Institute on the Hearing Handicapped was held at Brandeis University, Waltham, Massachusetts, on April 7, 1961. The theme for the conference was "Auditory Disorders in Children." Children's Hospital Medical Center (Boston) and the Massachusetts Eye and Ear Infirmary sponsored the one-day meeting at which Albert E. Koch presided. Speakers included: Eric Denhoff (Brain Injured Children), Marie Meier (Deafness in Children), and Philip Gates (Emotionally Disturbed Children).

A workshop on Speech and Language Therapy with the Brain-Damaged child will be offered by The Catholic University of America on its main campus in Washington, D. C., June 16-27.

Aimed at refocusing the attention and thinking of practicing speech and hearing clinicians on procedures of diagnosis and therapy, the workshop will provide an opportunity to synthesize the many facets of the rehabilitation program for brain-damaged children.

Complementing the lectures and discussions will be demonstrations of diagnostic and therapeutic techniques. In addition, field trips are planned to acquaint participants with clinical facilities and services to help children with speech and language disabilities. Enrollment is limited to those who have attained at least provisional basic certification in the American Speech and Hearing Association.

Director of the Workshop is William T. Daley, Assistant Professor of Speech Correction, The Catholic University of America, and Assistant Director of its Speech Clinic. The staff will consist of Robert Cohn, Director, Neurological Research, U. S. Naval Hospital, Bethesda, Maryland; Robert Frisina, Director, Hearing and Speech Center, Gallaudet College; Frank R. Kleffner, Associate Director, Division of

Speech Correction and Pathology, Central Institute for the Deaf; Richard L. Masland, Director, National Institute of Neurological Diseases and Blindness; and Nancy E. Wood, Speech and Hearing Specialist, Office of Education, Department of Health, Education and Welfare.

Information and workshop application forms may be obtained from Rev. Robert Paul Mohan, S.S., Director of Workshops, The Catholic University of America, Washington 17, D.C.

Gallaudet College has been notified that it has satisfied all the requirements of its accreditation in 1957 by the Middle States Association of Colleges and Universities. A re-evaluation will be made in 1967. Following recommendations made in 1952 by a visiting evaluation team, the college embarked on a period of rapid physical and academic expansion. As a result, the college was accredited for the first time on April 27, 1957. The three-year follow-up was completed in 1960.

A recent workshop sponsored by Gallaudet College under a grant from the U. S. Office of Vocational Rehabilitation was attended by a group of 60 religious workers in the Catholic Church from throughout the United States. The purposes of the workshop were to acquaint the Catholic religious and lay workers for the deaf with the technical aspects of vocational rehabilitation; to create greater awareness of the vocational needs of deaf persons; and to improve relationships between Catholic religious groups and State O.V.R. agencies. There are at present 15 Catholic schools and classes for the deaf and a number of religious, social, recreational, and rehabilitation agencies serving the deaf under Catholic direction in the U. S. Four of the thirty established training centers for prospective teachers of the deaf are located in Catholic Schools for the Deaf. The St. Joseph's Institute for the Deaf, St. Louis, is the oldest Catholic school for the deaf in the U.S.A., since it was founded in 1837. Powrie V. Doctor was coordinator of the workshop which was the first ever held for religious workers on the Gallaudet campus.

ORGANIZATIONAL

The Second Middle Eastern-Mediterranean Paediatric Congress will convene in Ankara, Turkey, September 6-9, 1961. This congress is being sponsored by the Ministry of Health and Social Assistance of Turkey, the National Society of Pediatrics and Child Health of Turkey, the Turkish Pediatric Association, the Ankara Child Health Society, and the Research Institute of Child Health of Ankara University. Pediatricians, surgeons, and investigators in any fields allied to pediatrics are invited as participants or observers. English, French, and Turkish will be the official languages of the Congress. Any interested persons may write to the Secretary-General, Docent Burhan Say, Hacettepe Cocuk, Hastahanesi, Ankara, Turkey for full information and application forms.

The Executive Director of the United Cerebral Palsy Association has announced the appointment of Boyd V. Sheets as Director of Special Education in the Medical and Scientific Section of the Association. Sheets has been Director of the Speech and Hearing Clinic, University of Utah. In his new position, he will be responsible for developing programs in special education and in speech pathology and audiology. He will work with the 340 affiliates of U.C.P. in evaluating, expanding, and establishing such programs.

Grants for research, training, and education totalling \$435,127 have been approved thus far this year by the United Cerebral Palsy Association's Research and Educational Foundation. Additional grants will be announced in July. The

recently announced grants include: 12 for basic research; 3 for clinical research; 7 for special education; 3 for clinical training; and 11 clinical fellowships in medical specialties. Three of the research projects are new; the remainder make possible continuation of projects in process. Nicholas J. Eastman is the recipient of one of the new grants. He will study obstetrical factors in the causes of cerebral palsy. Another new grant is to the Harvard University Medical School to support a research project concerned with the inter-connection of nerve fibers in the brains of the cat and the monkey. Another study on brain function is being conducted by John Wada at the University of Vancouver, B.C. This is a two-year project on the behavioral effects of chronic irritative cerebral lesions. Altogether there are now more than 100 research, special education and training projects receiving support from U.C.P.A., according to R. S. Firestone, President of the Research and Educational Foundation.

Melvin J. Maas has been re-appointed Chairman of the President's Committee on Employment of the Physically Handicapped by President Kennedy. The Annual Meeting of the committee was held in Washington, D.C., April 27-28, 1961.

The National Society for Crippled Children and Adults has announced that its annual convention in 1962 will be held November 16-20 in Miami Beach, Florida. The Florida Society will serve as host with Georgia, Alabama, and Puerto Rico societies serving as co-hosts for special events. A special "Pan-American Day" is being planned as a special feature for guests from South American countries.

The National Society for Medical Research has announced the publication of a new semi-monthly newsletter, "Events Affecting Research Administration." The Society's magazine, *Bulletin for Medical Research*, will appear quarterly and will each issue concentrate on one major topic. "Events" will bring news on a more current basis. The Volume 1, Number 1 edition, February 15, 1961, called attention to such matters as proposed federal legislation to regulate animal experiments; organizational and institutional facilities for training in laboratory animal medicine; and a program to recognize persons who will their bodies for medical use.

PERSONALS

Robert F. Hejna, University of Connecticut, has accepted a position as Chief of Speech Pathology and Audiology for the Veterans Administration Hospital, Ann Arbor, Michigan. Hejna will begin his new position July 1, 1961.

Edward Mysak, Director of Speech Education, Newington Hospital for Crippled Children, Connecticut, has accepted a new position beginning June 15, 1961 at Columbia University, New York City. Mysak will head a revised program in speech pathology and audiology at Columbia.

Paul Ptacek has been appointed full Professor of Speech Pathology and Audiology at Western Reserve University, Cleveland, Ohio. Ptacek has been associated with Western Reserve since 1957. He also serves as Director of Professional Education at the Cleveland Hearing and Speech Center.

Carl Ritzman, University of Oklahoma, will serve as visiting lecturer in speech pathology for the summer session 1961 at the University of Tennessee.

William Tiffany, University of Washington, will spend the summer session, 1961, at the Cleveland Speech and Hearing Center and Western Reserve University. As visiting professor, Tiffany will present courses in the area of experimental phonetics and speech research methods.

Forum

COMMENT

I would like to offer a few comments with regard to articles appearing in *Asha*, Volume 3, No. 3, March, 1961.

The report to the membership prepared by the Executive Council was excellent and reflects the earnest endeavors which have been undertaken to strengthen our organization and raise its professional status, as well as the professional status of individual members. It is a forward look. However, one item not mentioned in the report is the old "provisional certification" of the present requirements. I presume that the council has given consideration to this matter, and further hope that "provisional certification" clause would appear in the new requirements, if enacted. Otherwise, an individual completing master's work would be without certification for the four year period of professional experience. At least provisional certification would indicate to prospective employers that all academic requirements for certification had been met, and would be valuable in this regard. It would reduce the unfair discrimination which might exist between M.A. graduates completing work after January 1, 1963, and recent B.S. or B.A. graduates who will receive certification after one year under the present requirements. Incidentally, there is an apparent discrepancy in whether present holders of Basic Clinical Certificates will or will not be required to complete the four years of experience in order to receive the new certificate. On page 75, under "Certification," number 3, it states that the four years of experience will be required, but on page 76 under "New Certification Plan," it states that "Members who have completed all the requirements (both academic and experience) for the Basic Clinical Certificate before January 1, 1963, will automatically be granted the new Clinical Certificate." This implies that four years of experience are not required.

The Forum note, "Practical Semantics and the Problem of Professional Identity" by Helen-Jo Hewitt was impressive and provocative. As all of our present nomenclature is dispensed with in short order and for fairly good reasons, there will no doubt be a rise in anxiety in anyone reading the article with the increasing uncertainty of what to call oneself. Hewitt's suggestion of "Remedial Speech" as the field of study and the area of work or research is rather commendable, but the use of the title "Remedial Speech Teacher" or "Speech Remedialist" for anyone employed in "university, clinic, hospital or school" leaves something to be desired. As she argues earlier in the article, the use of "teacher" trespasses into another discipline, and a "Remedialist" to me is slightly suggestive of some kind of circus performer. I hope someone adopts some standard title or nomenclature soon before speech whatever they are begin to select titles at random on a trial and error basis because of the uncertainty of what they may properly call themselves.

My last comment is on the *Directory*, which has apparently priced itself out of business, almost. In the short article, "The 1961 ASHA *Directory*" there is a true tone of apology. A little simple arithmetic might solve some of the problems which will undoubtedly perpetuate themselves in the printing of the 1962 *Directory* if the price is kept the same. I am not sure I agree with the argument that "the minority whose work requires extensive use of the *Directory* should bear a major portion of its publication costs." However, be that as it may, apparently predicted sales and price were predicated on this notion. So as to reduce the deficit of the 1960 *Directory* from \$9,000 to \$4,000 by charging for the 1961 *Directory*, as stated, it implies that roughly \$5,000 in sales was anticipated, or a sale of approximately 1,500 copies. While it is probably

true that only between 1,000 and 1,500 members find it indispensable in their work, and "the majority of the members find it of less value," there is undoubtedly a broad segment of the membership who would find it of great convenience to have the *Directory* but who would not be particularly attuned to the price of \$3.50, "handsome hard bound cover" notwithstanding. A rather obvious need here is to increase the number of copies published, as well as sales, resulting in decreased publishing cost per copy. By reducing the price to say, \$2.00, no doubt sales of 3,000 copies could be reached, \$6,000 would be realized, and 3,000 members would be happy *Directory* holders instead of 1,500 unhappy ones. Needless to say, the greatest cost of publication probably lies in the preparation and the difference in cost between publishing 1,500 copies and 3,000 copies should not be very great.

Robert F. Hejna
Department of Speech and Drama
University of Connecticut
Storrs, Connecticut

TERMINOLOGY

In reference to Hewitt's detailed semantic exploration into the descriptive nomenclature relating to our professional designation(s), (Forum-*Asha*, March '61), I find a basic and unresolved weakness in her proposal. Hewitt suggests that we scrap some of the confusing and injurious "handles" in preference for the title of "Remedial Speech Teacher" or "Speech Remedialist." Hewitt's letter ignored the additional, but less confusing area of "Audiologist," "Audiometrist," and "Hearing Conservationist."

I disagree most heartily with the statement that there are medical implications and confusion relating to the term "Speech Pathologist." When this term is applied in the clinical setting, especially when it is allied with the "Audiologist," the "Psychologist," the "Neurologist," etc., there is little room for confusion as to where he fits in the rehabilitation team. Certainly, the term "Speech Pathologist" and "Audiologist" is going to be far more meaningful when ASHA's single certification standards are adopted in the future.

By the very simple use of the descriptive terms "Student Speech Pathologist," "School Speech Pathologist," "Clinical Speech Pathologist, Senior or Chief" (for administrative titles) "Speech Pathologist," clarity can be made instantaneously. The same adjectives can be used for the preferred title of "Audiologist." Hewitt's recommendations made no true allowance for grade levels in civil service or for administrative positions.

David P. Barron
Southbury Training School
Southbury, Connecticut

THE FIFTH YEAR

In the discussions of changes in certification requirements for speech pathologists and audiologists, there is much mention of "training beyond the Bachelor's level," "the fifth year," "the Master's level," etc.

It is very surprising to me that almost no attention is paid to the real adequacy of training programs at either a Bachelor's or a graduate level. What little attention has been directed at this adequacy has been, as far as I can determine, almost exclusively at a graduate level. There actually seems

to be a tacit assumption that a year of graduate work will make a competent professional worker.

A student with a Bachelor's Degree can apparently enter many graduate programs and after taking 32 to 36 hours of coursework in speech pathology and audiology receive a Master's Degree and "clinical competency" regardless of the content of his undergraduate program.

Why should we make the assumption that such a student is actually more competent professionally than a student who has completed a carefully planned undergraduate program? The latter student may have an excellent background in psychology, anatomy, and physiology, phonetics, physics and mathematics, plus a well-organized program in speech pathology, audiology, and practicum.

How can we possibly assume that a "fifth year" or a Master's Degree is necessarily going to be as adequate as the better, existent undergraduate programs? It seems to me that the first step in upping the standards of our profession is to see that all undergraduate programs reach an adequate level while continuing our present two-level certification. When we have managed to make our undergraduate programs fairly uniform and of high quality, then we should turn our attention to increasing certification requirements and requiring in addition to a good undergraduate program (or its equivalent in no-credit courses for graduate students who enter our area after receiving a Bachelor's Degree), additional work on a graduate level. We put the cart before the horse when we start to tighten up our standards by requiring "a fifth year" without first seeing that students are ready to undertake that "fifth year" at a high truly-graduate level.

It seems to me that the present emphasis is more on improving our "image" and "status" than on actually improving the quality of overall training of clinicians. Labels may momentarily impress our colleagues in other professional areas,

but it will only be our actual professional performance that will enable us to keep their respect. This performance may or may not be highly correlated with "fifth years" and advanced degrees.

Katherine Snow, Instructor, Speech and Hearing
University of Buffalo
Buffalo, New York

INNOVATION IN PUBLICATION

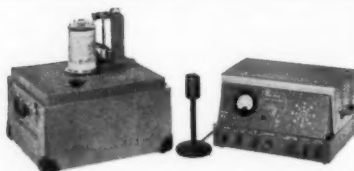
As a worker in the field of speech and hearing, I try to obtain reprints of articles from the journals which pertain to my particular professional interests. Thus, I am able to maintain a file of "all" the published articles on a given subject (binaural hearing, general audiometric testing, functional deafness tests, speechreading, etc., etc.,) in separate folders or large envelopes. Then when I need information pertaining to a specific subject or area of interest, I can easily locate it in one or two folders containing information which is pertinent.

It would be a useful innovation, I think, if the American Speech and Hearing Association Journals were to utilize perforated pages along the binding margin of the pages so that any article could be detached easily for separate filing.

This would, of course, require a few more pages in each journal where two different articles share opposite sides of a page. However, according to my study of several back issues of JSHD this would only require from three to nine extra pages per journal copy.

Warren E. Johnson
Portland Center for Hearing
and Speech, Inc.
Portland, Ore.

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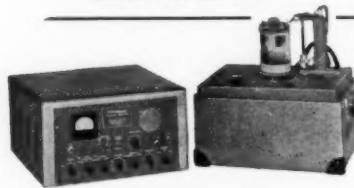
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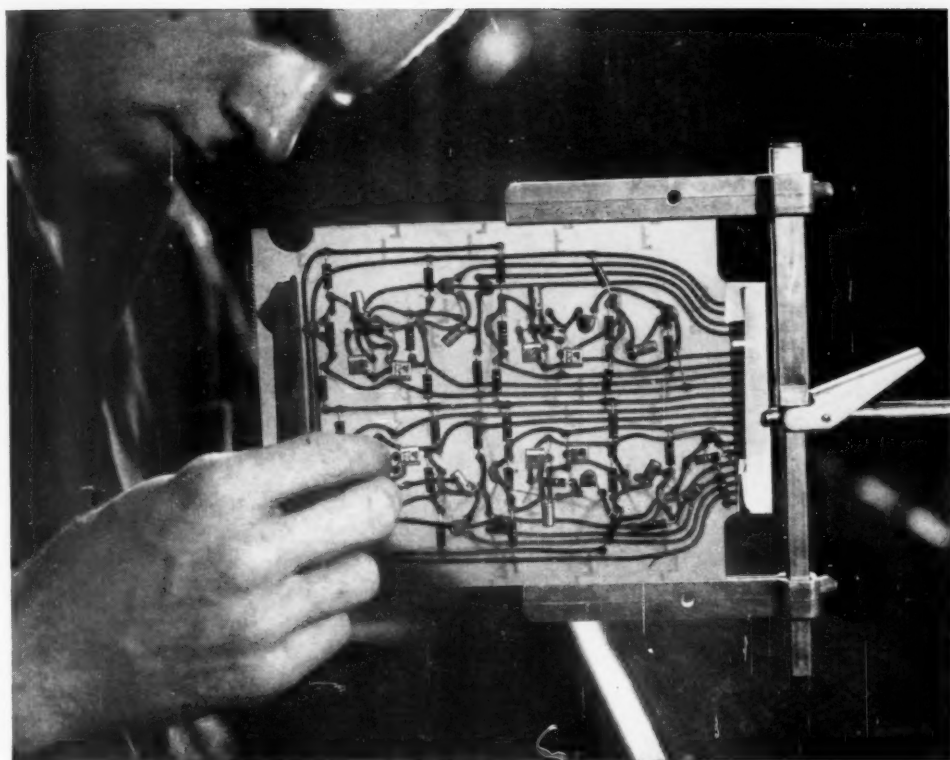
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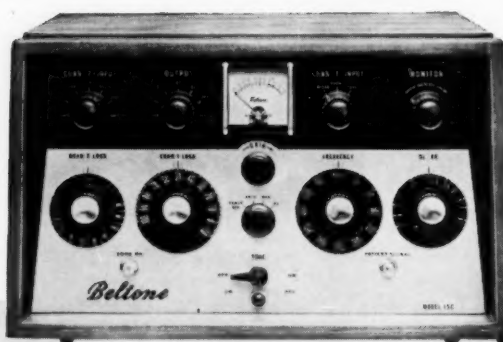
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